

COORDINATED PUBLIC TRANSIT – HUMAN SERVICES TRANSPORTATION PLAN

SYRACUSE METROPOLITAN TRANSPORTATION COUNCIL

FINAL REPORT
DECEMBER 2008

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Cover illustrations courtesy of the Central New York Regional Transportation Authority and St. Camillus Health & Rehabilitation Center.

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Coordinated Public Transit – Human Services Transportation Plan

Executive Summary

Introduction

The impetus for the Coordinated Public Transit – Human Services Transportation Plan (Coordinated Plan) originated with the 2005 passing of the current federal transportation legislation: SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users). This legislation requires that all Metropolitan Planning Organizations (MPO) seek to “identify the transportation needs of individuals with disabilities, older adults, and people with low income, provide strategies for meeting those local needs, and prioritizes transportation services for funding and implementation.” As the designated MPO for the Syracuse Metropolitan Area, the SMTC undertook the lead effort of developing such a document for the planning area.

The purpose of the Coordinated Plan is to improve services for underserved populations through (1) identifying gaps and overlaps in service and (2) providing prioritized recommendations for service improvements. Underserved populations, for the purpose of this plan, are defined as people with disabilities, low to moderate income citizens, and the elderly community. Federal Transit Administration (FTA) circulars for three relevant funding grant programs (i.e., Elderly Individuals & Persons with Disabilities (§ 5310); Job Access and Reverse Commute (§ 5316); and New Freedom (§ 5317)) indicate that a Coordinated Plan must include four specific elements as noted below.

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit);
2. An assessment of needs for individuals with disabilities, older adults, and people with low incomes;
3. Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing strategies and/or activities identified.

FTA guidance documents also indicate that a Coordinated Plan should be developed with input and participation from human service agencies, transportation providers and members of the public. A Public Involvement Plan (PIP) was developed for this project, which is contained in its entirety in Appendix D. The PIP is a reflection of the SMTC’s overarching Public Participation Plan that outlines strategies for encouraging public involvement in transportation planning projects region-wide. To meet the federal requirements, the Coordinated Plan adheres to the following three goals developed by the SMTC, with corresponding tasks for accomplishing each goal.

To raise public awareness of the Coordinated Plan and encourage representation of invested parties in its compilation

- Create a Study Advisory Committee comprised of SMTC member agencies.
- Form a Stakeholders Group of individuals and agencies with significant interest in the Coordinated Plan.
- Implement a formal Public Participation Process to engage the community at large.

To provide qualitative and quantitative data regarding the needs of underserved populations

- Provide demographic information of under-represented communities focusing on geographic patterns.
- Catalogue the number and function of organizations involved in addressing mobility and access issues within underserved communities.

To synthesize data into real-world recommendations for local agencies

- Determine stakeholder agencies' abilities to consolidate services and close service gaps.
- Incorporate and update analyses and recommendations from previous studies.
- Formulate strategies to address identified gaps in services.
- Prioritize resources for implementation.

Inventory

Section 2 (Inventory) reviewed demographic data from the US Census Bureau to provide an understanding of where the underserved populations reside, followed by a list of various organizations dedicated to assisting and improving the quality of life for individuals of the three target populations (i.e., elderly, low to moderate income citizens and persons with disabilities). Demographic and spatial patterns are presented in Section 2 for each of these populations individually.

Analysis

Section 3 (Analysis) covered analysis from two surveys. The first was conducted by the SMTC in 2008 to ascertain the conditions and needs of the local human services agencies, transportation agencies and governments involved in transportation, while the second was conducted by the Onondaga County Department of Aging & Youth, with assistance from Syracuse University's Maxwell School in 2002 to ascertain needs of seniors in Onondaga County. The SMTC survey indicated that perceived service gaps exist in the rural municipalities such as Elbridge, Fabius and Tully. Additionally, the major barrier identified from the transportation services questionnaire was cost. This cost barrier took two forms: costs to clients and costs to agencies. The last and likely largest barrier indicated by the transportation services questionnaire is an issue with coordination. When listing barriers, survey respondents indicated that they would like to see a county-coordinated centralized dispatch center. Multiple responses also indicated that many agencies are not willing to cost share.

Recommendations

SAFETEA-LU has mandated that projects chosen to receive Sections 5310, 5316 or 5317 funds must be derived from a locally developed Coordinated Plan and further selected from a competitive selection process. Based on analyses and input received throughout the course of the project, several strategies are recommended for implementation; a few of which include:

- Bus/van service available to low-income persons for work, medical or social appointments;
- Accessible taxi/van service to persons with disabilities;
- A Mobility Management Center for scheduling and dispatching of various transportation trips;
- Maintenance and/or fuel consortiums;
- Expand hours of transportation services for persons with disabilities, low-income individuals, and the elderly;

- Shift agency trips to the regular Transit Route Systems, which operate on fixed-schedules along specific routes with vehicles stopping to pick up and deliver passengers to specific locations; and
- Expand paratransit service beyond the required ADA $\frac{3}{4}$ mile limit.

Section 4 contains a complete listing of recommendations developed for the Coordinated Plan. All recommendations contained within this Coordinated Plan, and those not explicitly listed, are considered priority projects for the SMTC MPA. FTA guidance documents for the three core formula programs discussed in this document contain several example type projects that can be considered for implementation. Therefore, no one effort will be given priority over another, as the intent is to improve accessibility and mobility options for the transportation disadvantaged populations discussed throughout this document, as long as sponsors verify that coordination and collaboration will be achieved and utilized.



Section 1: Introduction

This document was compiled by the Syracuse Metropolitan Transportation Council (SMTC) for the SMTC Metropolitan Planning Area (MPA). The SMTC MPA is comprised of all of Onondaga County and small portions of Oswego and Madison counties. For more information on this organization, please refer to Appendix A.

Before discussing the inventory, analysis and recommendations for the Coordinated Public Transit – Human Services Transportation Plan (Coordinated Plan), it is necessary to provide introductory material. First, contextual information for the Coordinated Plan’s creation will be discussed, followed by the purpose statement of this document. The goals and methods used to achieve the document’s purpose will be narrated, followed by an outline of the process used to ensure community participation and inclusion of the public voice.

Context

This plan was written at the directive of federal mandates, described below, but also builds upon previous documents compiled by the SMTC.

SAFETEA-LU and FTA Mandates

The impetus for the Coordinated Plan originated with the 2005 passing of the current federal transportation legislation: SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users). This legislation requires that all Metropolitan Planning Organizations (MPO) seek to “identify the transportation needs of individuals with disabilities, older adults, and people with low income, provide strategies for meeting those local needs, and prioritizes transportation services for funding and implementation.” This mandate targeted the perennial issue of overlaps, barriers and gaps in the services for these populations. This mandate also sought to unify Federal Transit Administration (FTA) programs, specifically the following three programs:

1. Section 5310 – Elderly Individuals and Persons with Disabilities
2. Section 5316 – Job Access and Reverse Commute (JARC)
3. Section 5317 – New Freedom

Furthermore, the federal legislation requires that applicants for any of these three programs must now prove that their services follow the recommendations or intent of this Coordinated Plan and that projects be derived from a competitive selection process, which is described in more detail in the following sections. Details of these FTA programs can be found in Appendix B.

The SAFETEA-LU language was further expanded and clarified through the Circular FTA C 9045.1, produced by the FTA. In chapter V of this circular, it is specified that a Coordinated Plan must include the following four components:

5. An assessment of available services that identifies current transportation providers (public, private, and non-profit);
6. An assessment of needs for individuals with disabilities, older adults, and people with low incomes;

7. Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
8. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing strategies and/or activities identified.

Foundation Documents

Prior to the compilation of this plan, SMTC created both the Regional Mobility Action Plan (ReMAP) document as well as the JARC plan (Appendix C). ReMAP identified many gaps in transportation services for underserved populations and provided a list of recommendations. Subsequent to the release of ReMAP, SMTC produced the JARC plan. This document focused on commuting patterns, especially those of low-income individuals. While much of the analysis and recommendations from these two documents are still pertinent, they do not comprehensively look at the needs of the region's underserved populations specified by the FTA for inclusion in a Coordinated Plan.

Purpose Statement

The purpose of the Coordinated Plan is to improve services for underserved populations through (1) identifying gaps and overlaps in service and (2) providing prioritized recommendations for service improvements. Service improvements will be specific to Onondaga County and parts of Oswego and Madison Counties. Underserved populations, for the purpose of this plan, are defined as people with disabilities, low to moderate income citizens, and the elderly community.

Goals and Process

To meet the federal requirements, this document adheres to the following three goals developed by the SMTC, with corresponding tasks for accomplishing each goal.

To raise public awareness of the Coordinated Plan and encourage representation of invested parties in its compilation

- Create a Study Advisory Committee comprised of SMTC member agencies.
- Form a Stakeholders Group of individuals and agencies with significant interest in the Coordinated Plan.
- Implement a formal Public Participation Process to engage the community at large.

To provide qualitative and quantitative data regarding the needs of underserved populations

- Provide demographic information of under-represented communities focusing on geographic patterns.
- Catalogue the number and function of organizations involved in addressing mobility and access issues within underserved communities.

To synthesize data into real-world recommendations for local agencies

- Determine stakeholder agencies' abilities to consolidate services and close service gaps.
- Incorporate and update analyses and recommendations from previous studies.
- Formulate strategies to address identified gaps in services.
- Prioritize resources for implementation.

Community Participation

Public engagement is critical to the success of any planning process. To this end the SMTC has created two groups to oversee the creation of this plan involving planning professionals and interested individuals representing larger underserved populations. SMTC has also incorporated public meetings to hear from members of the public directly.

Study Advisory Committee

This committee included representatives from Aurora of Central New York, Central New York Regional Transportation Authority (CNYRTA), City of Syracuse, New York State Department of Transportation, Onondaga County (Departments of Aging & Youth and Social Services) and the Syracuse-Onondaga County Planning Agency. The committee met several times throughout the project and provided direct input and guidance to the creation of the Coordinated Plan. Appendix D includes a list of SAC members and meeting minutes.

Stakeholders Group

This less formal group consisted of individuals with significant interest in the Plan. Members were kept apprised of pertinent developments to the Plan as well as notified of public meetings. Questionnaires were also mailed to these individuals to provide specific information toward the development of the Plan, as well as provide general recommendations. A copy of the questionnaire can be found in Appendix E.

Public Meetings

During the creation of the Coordinated Plan, three public meetings were held to determine input from the public at large. Records of these meetings can be found in Appendix F.

The first public meeting was held in October 2007. This meeting allowed the opportunity for the agency to present the interim Coordinated Plan, which was used for the first competitive selection process, to the public. Applicants were invited to share their proposed project(s) with the public at this meeting prior to the Coordinated Plan Review Team making their selection decisions.

The second meeting was held in October 2008 at the "Accessible Transportation - The Bus Stops Here!" travel training and orientation workshop at the CNYRTA office. The Accessible Transportation Advisory Council (discussed later in the document) and Centro, a CNYRTA company, sponsored the one-day event on Centro and other related community services for the local human service agencies. Similar to the October 2007 meeting, staff highlighted work associated with the Coordinated Plan and its relevance to the human service agencies present.

The third and final public meeting was held in November 2008. Staff shared with attendees various strategies developed for inclusion in the Coordinated Plan to improve transportation services for underserved populations.

Section 2: Inventory

This section reviews the demographic data from the US Census Bureau to provide an understanding of where the underserved populations reside. This data is followed by a list of different organizations dedicated to assisting and improving the quality of life for individuals of these target populations. Finally, a comprehensive catalogue of the services will be provided.

Demographic and Spatial Patterns

As previously noted, the Coordinated Plan addresses three mobility-management programs from the federal government. These programs each target a specific at-need population: people with disabilities, low to moderate income (LMI) citizens, and the elderly community. Demographic and spatial patterns will be presented for each of these populations individually. Much of the information was drawn from applicable portions of the ReMAP and JARC plans. Additional information was drawn from SMTC's Environmental Justice Analysis and Title VI reports and direct sources.

For each of the three populations, spatial patterns will look at relative concentration of each population. In order to map areas of demographic variables, a methodology was developed for locating areas of concentrations. These areas represent locations of high, medium and low concentrations for LMI citizens, people with disabilities and the elderly. From this point, the analysis could geographically compare these areas of concentration with the locations of transit routes and other transportation services for determination of current status and gaps in service. Please note that verbiage used to describe the concentration/high concentration Census block groups is not specifically focused on any one population or area; the terms used are provided by guidance from the US Department of Transportation and are meant for analysis purposes only.

With regard to people with disabilities and the elderly community, the total percentage of these populations for the MPA was determined. Then the percentage of occurrence for each Census block group was determined. These block group percentages were then compared against the total population percentage of the MPA and the following three categories were determined:

- Low Concentration: Block groups whose specific population's percentage that is *less than or equal to* the MPA average population percentage.
- Medium Concentration: Block groups whose specific population's percentage is *above* the MPA average population percentage.
- High Concentration: Block groups whose specific population's percentage is *more than twice* the MPA average population percentage.

For low to moderate income citizens, the Census block groups were only given two determinations: low income block groups and moderate income block groups. These designations are determined by the federal government. Each population is discussed in more detail below. The Syracuse MPA is also unique compared to most other urbanized areas in New York because it includes a Native American Nation (the Onondaga Nation). Although it is a priority of the SMTC to include the Onondaga Nation in their planning activities, the nation has often declined to participate in the SMTC's activities as an affirmation of their sovereignty. Please note that the data provided by the Census Bureau regarding the Onondaga Nation may include several inaccuracies. However, these data were determined to be the most reliable source of demographic information pertaining to the Nation that was available to the SMTC.

People with Disabilities

A person with a disability is defined by the US Census Bureau as an individual with a “long-lasting physical, mental, or emotional condition.” They continue by explaining that this condition “can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business.” In the Syracuse MPA, this population comprises 16% of the total population. Following the parameters above, block groups with 16% or less people with disabilities are considered low concentration areas. Conversely, block groups with over 32% people with disabilities are considered high concentration areas. Medium concentration areas occur when 17% to 31% of the population contains people with disabilities.

Overall, people with disabilities can be found throughout the MPA; please refer to Maps 1 and 2. However, it becomes apparent that concentrations of people with disabilities are found mainly within the City of Syracuse, with a few outlying concentrations correlating to the locations of larger elderly community facilities in Onondaga County. These areas of concentration are both within and outside of the urbanized area. This shows that there is a geographically disperse population of persons with a disability, all who may need access to transportation services.

Low to Moderate Income (LMI) Citizens

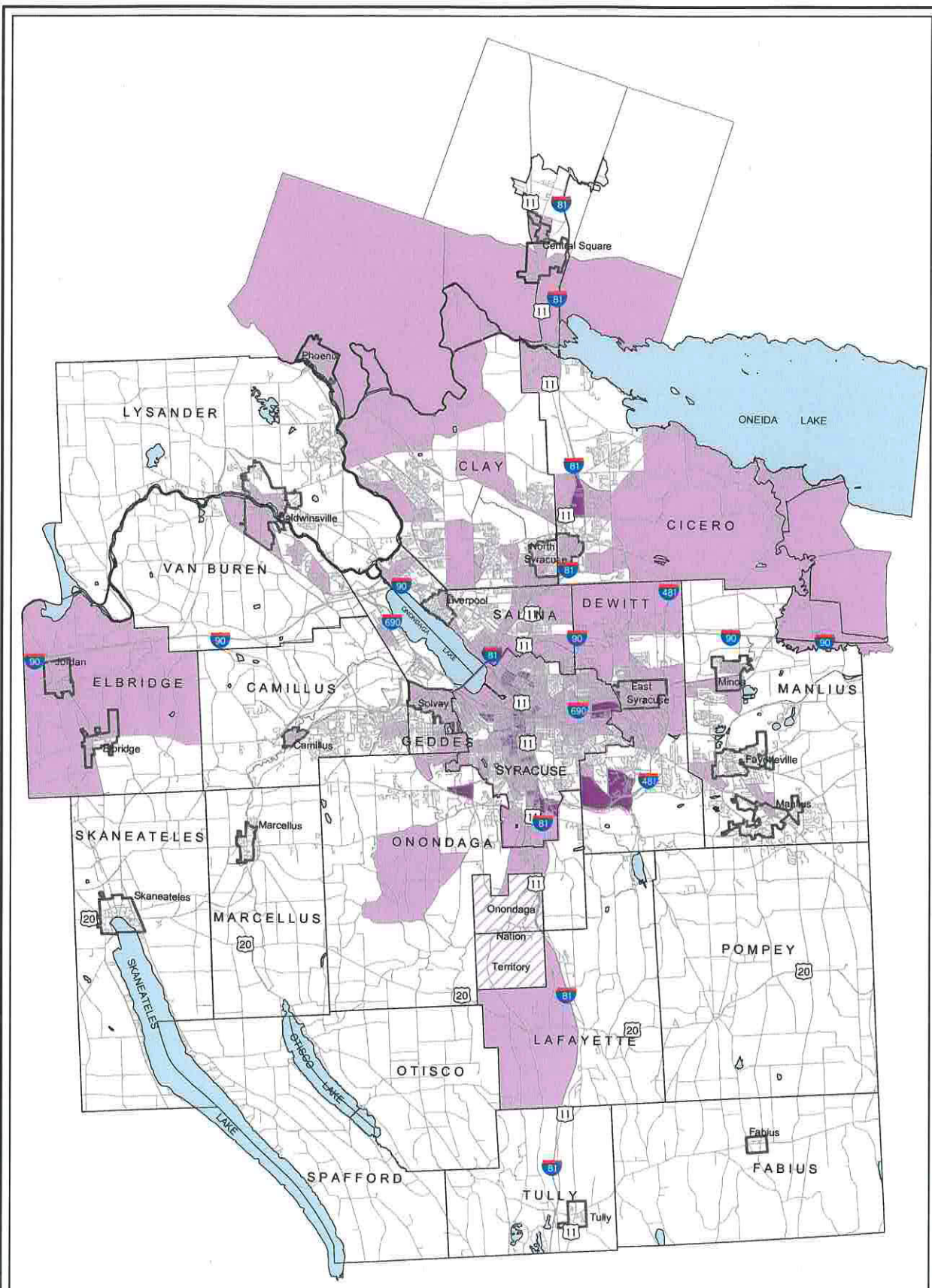
Low to moderate income status is not defined by the individual, but by a household’s total income. If a household earns substantially less than the area average, the citizens of that household are considered in poverty. Specifically, a household earning less than 80% of the median income is considered having moderate income, while households earning less than 50% are considered having low income. Within the Syracuse MPA, the median household income is \$43,629, thereby designating the moderate and low income thresholds at \$34,903 and \$21,814 respectively. These thresholds are determined by the federal Housing and Urban Development Department. For the purposes of the Coordinated Plan, median household income for a given Census block group will determine the overall income level of that area.

While only 137 of the Census block groups in the MPA contain low to moderate incomes, these blocks are clustered in the urban core of the region. There are also some concentrations outside the urban core where large settlements of mobile homes and apartment complexes are present (i.e., the Town of Clay) and where large elderly community facilities are located. Please refer to Maps 3 and 4.

The Elderly Community

The elderly community, for the purposes of the Coordinated Plan, will consist of individuals at or over the age of 65 (Maps 5 and 6). However, it should be noted that federal policies allow individual organizations some flexibility in defining this value. As a whole, the elderly community constitutes 14% of the total population within the SMTC MPO. This sets the low concentration threshold at block groups with less than 14% of elderly individuals. Block groups with over 28% of elderly individuals are considered high concentration areas. Medium concentration areas occur when between 15% and 27% of the population is considered elderly.

While individuals with disabilities and LMI citizens trended toward the urban core with a few outliers, this is not the pattern with the elderly community. Areas of moderate concentration are found dispersed throughout the study area. With regard to high concentration block groups, very few are contiguous. These isolated areas of high concentration are strongly correlated to the location of large senior living facilities.



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0 1 2 4 Miles

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Prepared by SMTC, 11/2008

Persons with Disability

SMTC MPA

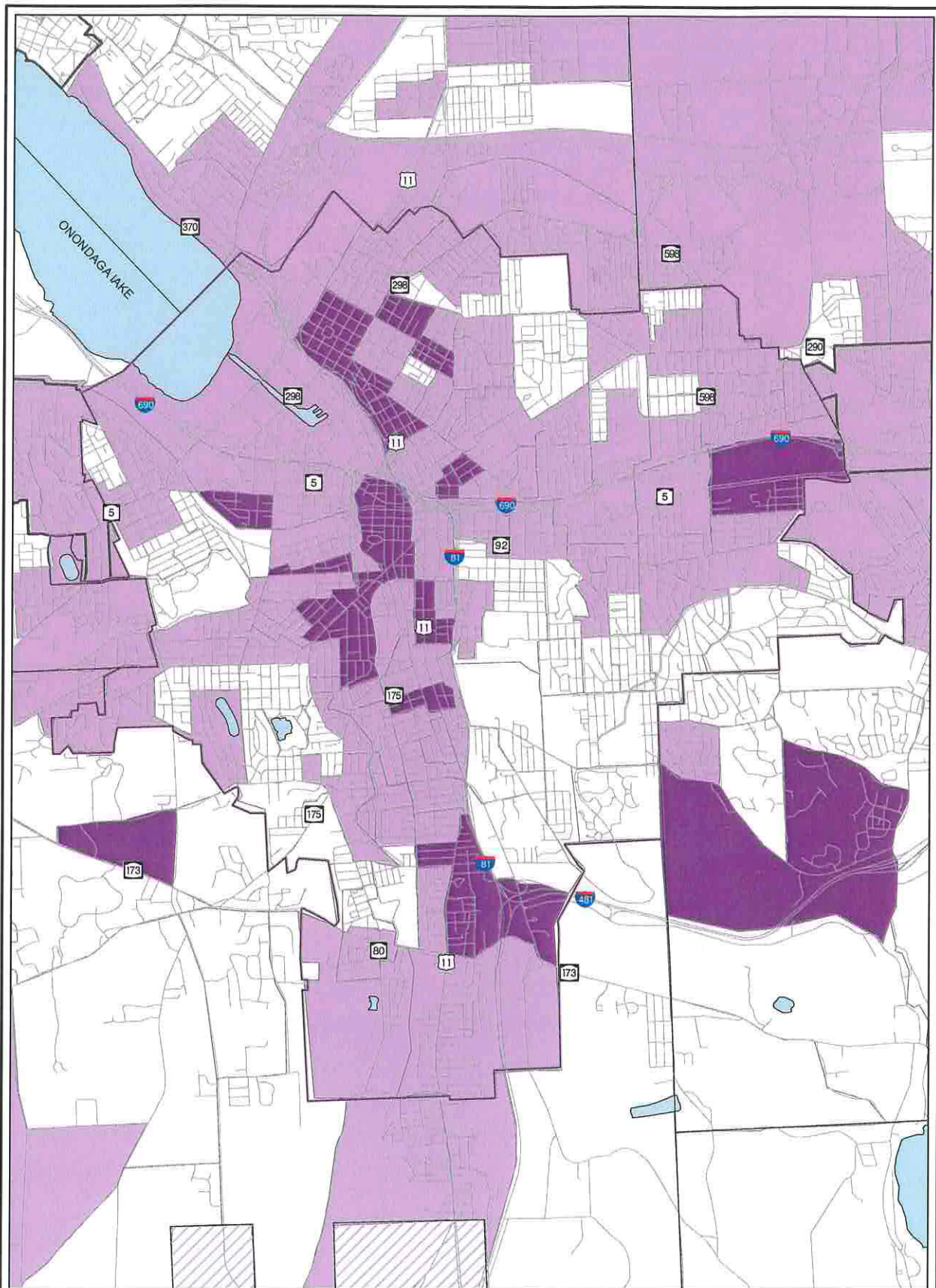
Map 1

Coordinated Plan

- Low Concentration (below 16%)
- Medium Concentration (17-31%)
- High Concentration (32% and above)
- Onondaga Nation
- City
- Villages
- Water
- Roads



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Persons with Disability

City of Syracuse

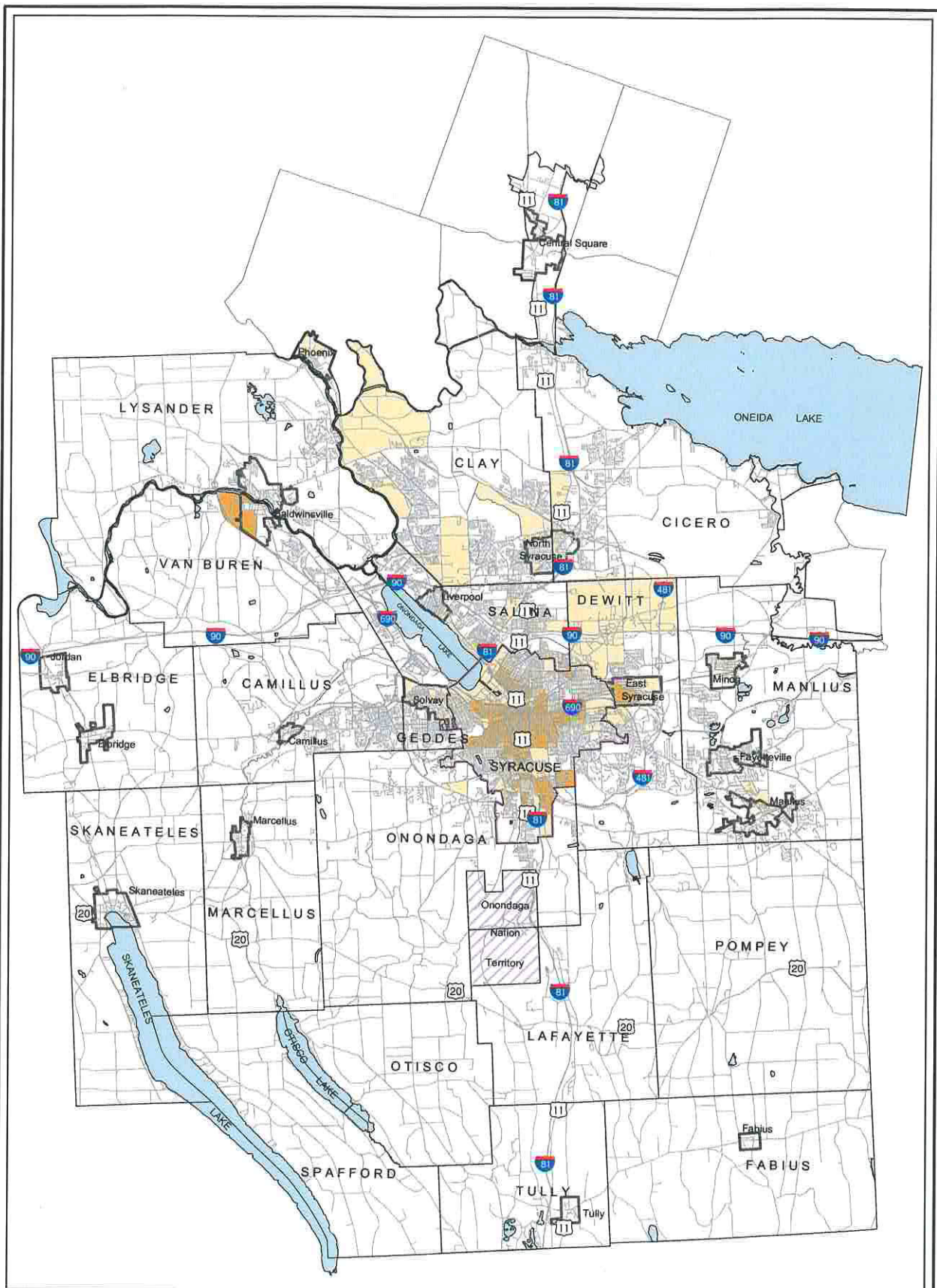
Map 2

Coordinated Plan

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- Low Concentration (below 16%)
- Medium Concentration (17-31%)
- High Concentration (32% and above)
- Onondaga Nation
- City
- Villages
- Water
- Roads





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Low-Income Areas

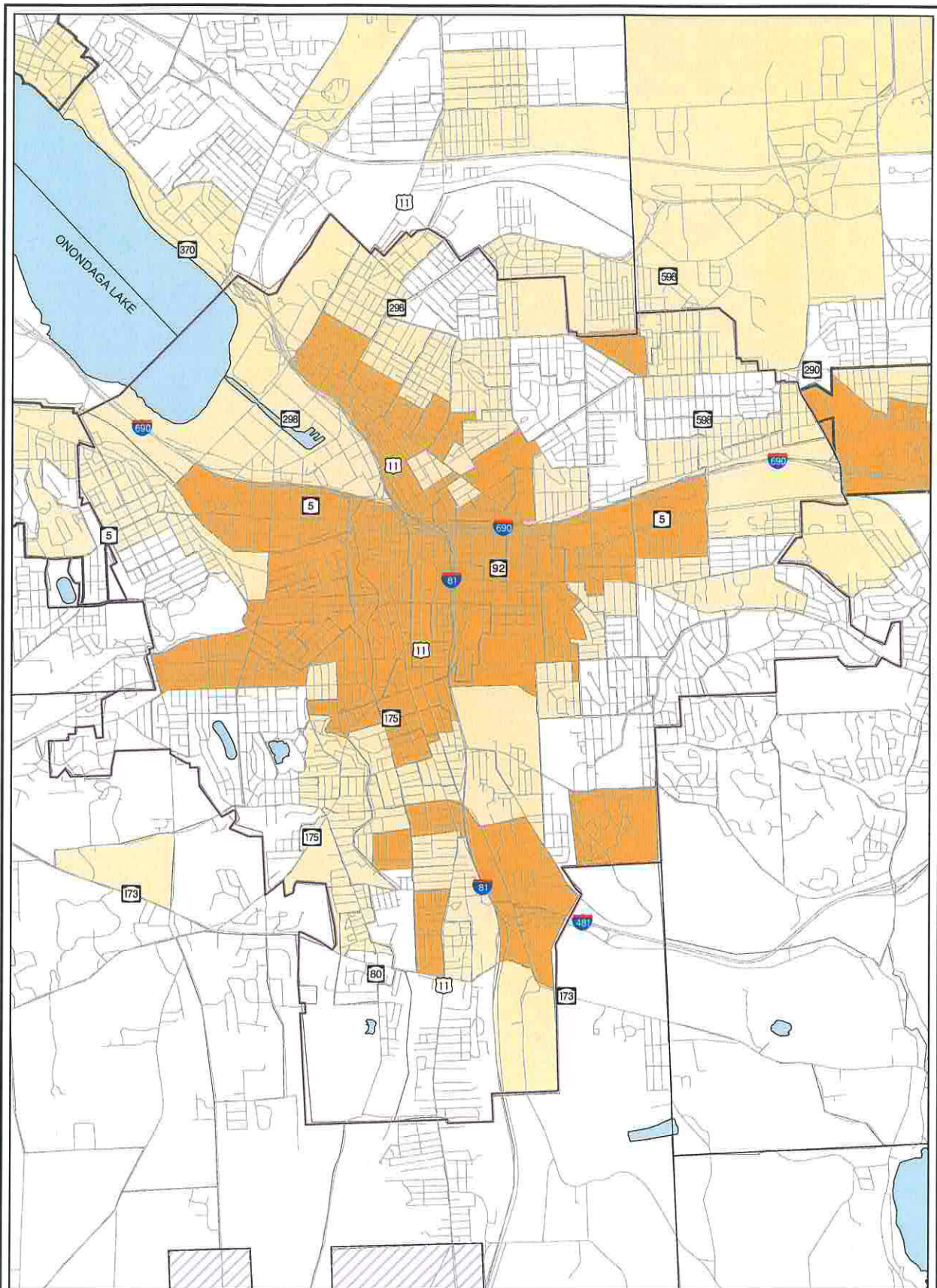
SMTC MPA

Map 3
Coordinated Plan

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- City
- Villages
- Water
- Below Threshold
- Medium Concentration
- High Concentration
- Onondaga Nation
- Roads



Low-Income Areas

City of Syracuse

Map 4

Coordinated Plan



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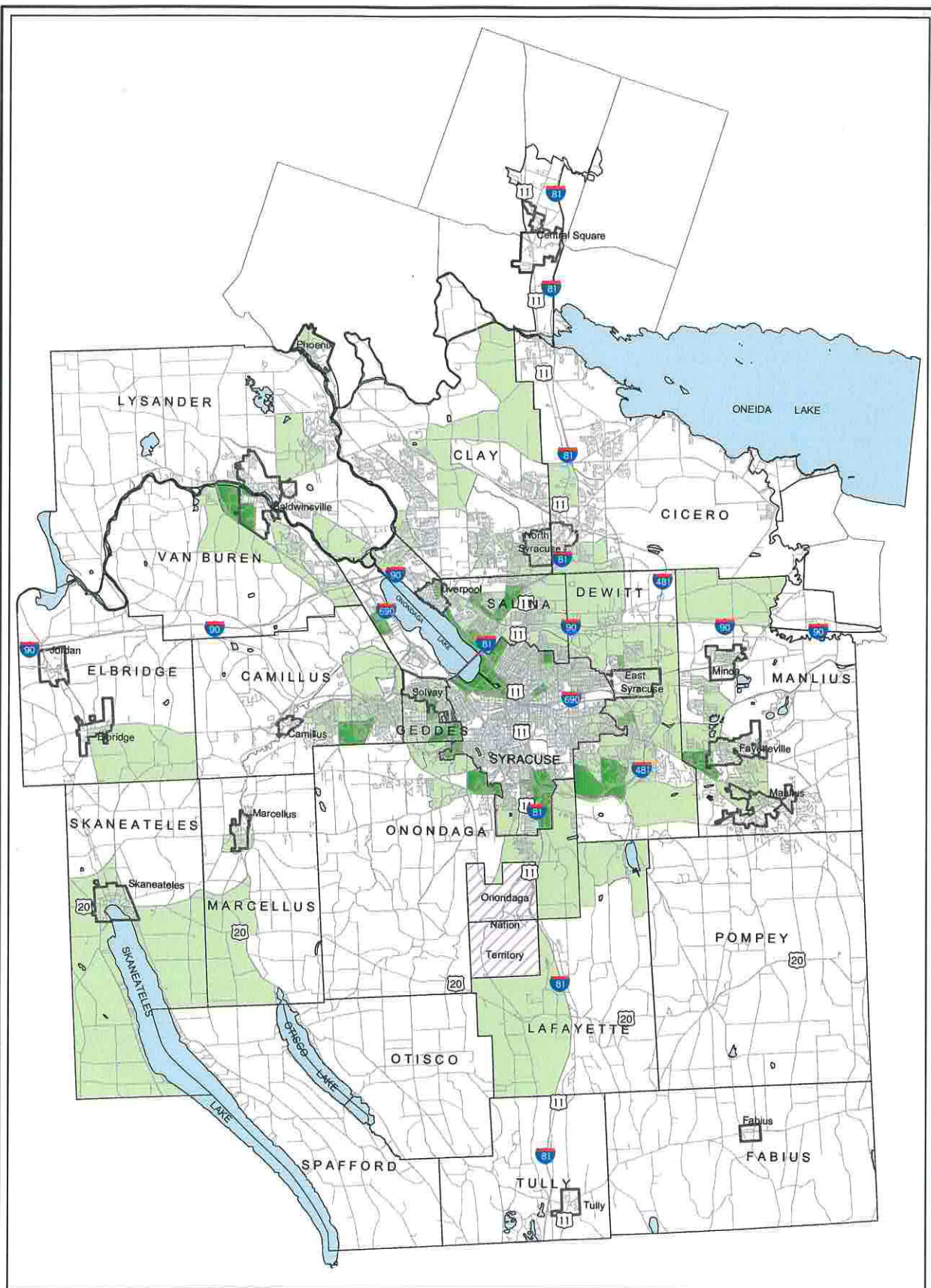
0 0.2 0.4 0.8
Miles

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Prepared by SMTC, 11/2008



- City
- Villages
- Water
- Below Threshold
- Medium Concentration
- High Concentration
- Onondaga Nation
- Roads

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0 1 2 4
Miles

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Elderly Persons (65 and above)

SMTC MPA

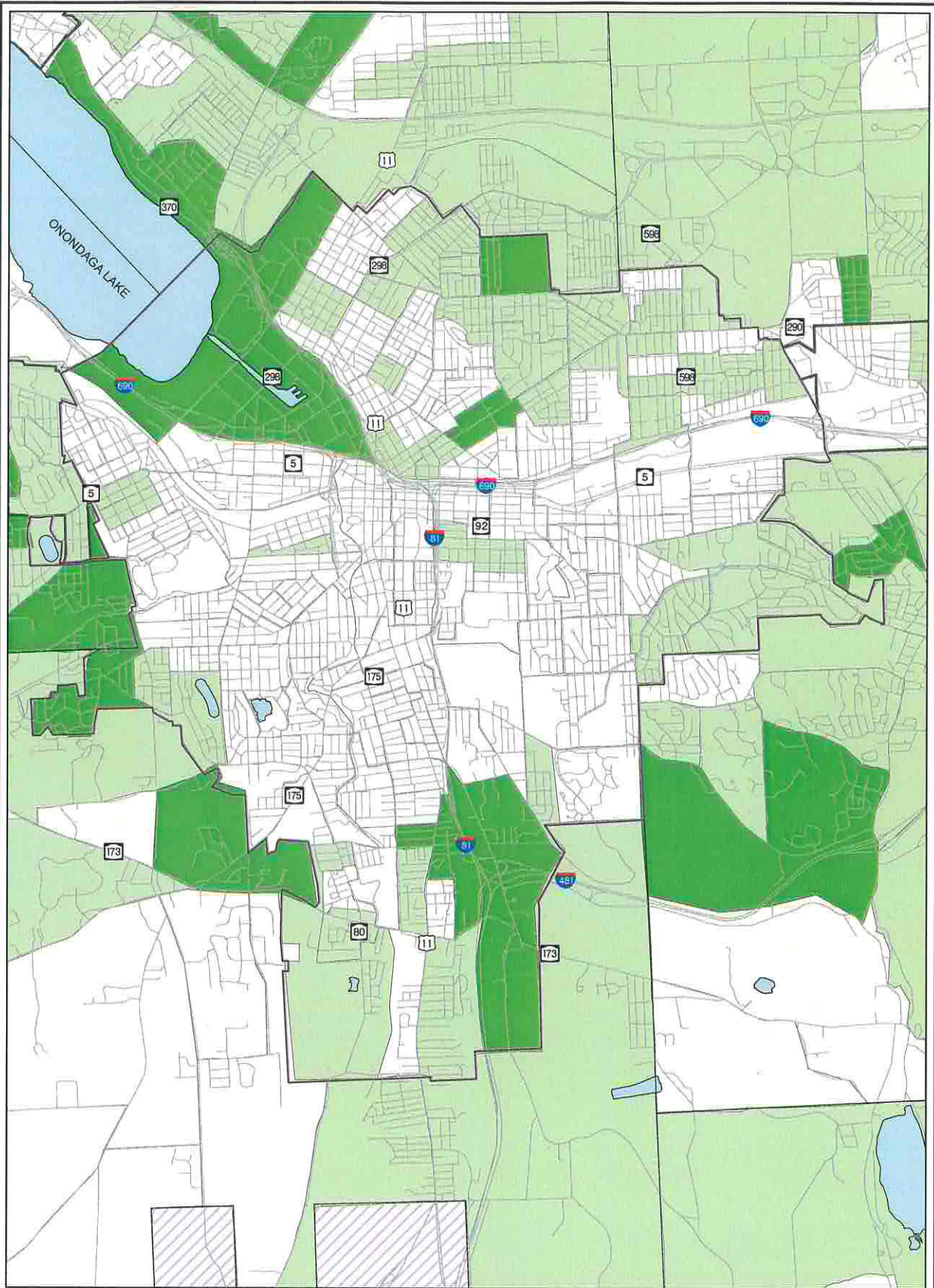
Map 5

Coordinated Plan

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- Low Concentration (below 14%)
- Medium Concentration (15-27%)
- High Concentration (28% and above)
- Onondaga Nation
- City
- Villages
- Water
- Roads





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Miles

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Elderly Persons (65 and above)

City of Syracuse

Map 6

Coordinated Plan

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- Low Concentration (below 14%)
- Medium Concentration (15-27%)
- High Concentration (28% and above)
- Onondaga Nation
- City
- Villages
- Water
- Roads



List of Organizations

Onondaga County and the surrounding areas are fortunate to have many human services and transportation providers. These agencies are listed as follows:

Government Agencies

City of Syracuse - Community Development
CNYRTA (Centro Call-a-Bus)
Department of Veterans Administration Medical Center
New York State Department of Transportation
Onondaga County Department of Social Services (and Homebound Transportation)
Onondaga County Department of Aging & Youth

Not-for-Profit Corporations

AIDS Community Resources
Alzheimer's Association
American Red Cross
Arc of Onondaga
Area North Transportation Services
ARISE, Inc.
Aurora of Central New York
Boys and Girls Clubs of Syracuse
Catholic Charities
Christopher Community
CNY Works
Disabled American Veterans Transportation
Dunbar Center
Elmcrest Children's Center
Empire State Development
Enable
Fayetteville-Manlius FISH
Food Bank of Central New York
Girl Scout Council of CNY
Huntington Family Centers, Inc.
Jewish Community Center of Syracuse, Inc.
JOBSPLUS! Inc.
LaFayette/Tully FISH P.E.A.C.E. Inc.
March of Dimes
Minoa First United Methodist Church
Northeast Community Center
P.E.A.C.E. Transportation Dept.
Project R.O.S.E./Catfish
Rescue Mission Alliance
Salvation Army
Skaneateles FISH
Smart Senior of CNY
Southwest Community Center
St. Camillus Health & Rehabilitation Center

Syracuse Brick House
Syracuse Jewish Family Services
Vera House

For-Profit Companies

A&E Transportation Services
Abby's Dispatch Services, Inc.
ABLE Medical Transportation, Inc.
Absolute Delivery/Lembo's
Adam's Apple Services, Inc.
ADAPT
Affordable Medical Transportation
All Metro Healthcare
A-Medical Escort & Taxi
Baldwinsville Taxi
Baldwinsville Volunteer Transportation
Best Comfort Care
Birnie Bus
Blue Chip Transportation
Camillus Area Transport
Canton Woods
City Taxi
Consortium for Children's Services
CONTACT Community Services
CS Taxi
Dependable Taxi
Empire DM, Inc.
First Transit
First Student
Hiawatha Seaway Council, BSA
Hillside Children's Center
Jacques Zenner
Laker Limo
Lanpher's Taxi

Liberty Resources
Liverpool Transport
Loretto Geriatric Center / PACE CNY
M&M Transport
Mark's Transportation
Murphy Taxi
On Time Cab
Onondaga Case Management Services
RB Transport
RSVP Program
Rural Metro
Rzan Medical Transportation
Salt City Taxi
Speedy Medical Transportation

Star Travel
Suburban Medical Transportation
TLC Medical Transportation
Transitional Living Services
Vivian Teal Howard Residential Health Care Facility
Women's Opportunity Center
Yellow Cab Co.

Coordinating Groups / Roundtables

Transportation Barriers Roundtable
Accessible Transportation Advisory Council
National Center on Senior Transportation Group

List of Available Services

The Syracuse MPA is serviced by a variety of public and private transportation providers as noted in the list above. Services are provided throughout the entire area, with few gaps evident in the system. However, availability of public transportation to disadvantaged populations is a prime concern. Populations that may have little or no access to motor vehicle transportation rely on transit to increase their mobility. Transit must be comprehensive in its times of operation and locations served in order to best suit the population. Several options for public transportation are available in the Syracuse area with differing scopes of operation.

To facilitate the assessment of available services task as identified by the FTA as a required element of a Coordinated Plan, the SMTC collaborated with several local/community transportation task forces. SMTC currently sits on three community groups whose primary focus is to improve the transportation options for all persons, and remove any barriers associated with the multi-modal travel network. The Transportation Barriers Roundtable, lead by Arise and Aurora¹ focuses on alleviating obstacles to the transportation disadvantaged. This task force consists of numerous advocacy groups and community advocates. The second transportation community group, the Accessible Transportation Advisory Council (ATAC) is a Centro formed council. The primary purpose of ATAC is to discuss Centro's paratransit service (i.e., Call-A-Bus) and ways in which the transit authority can improve the service to assist transportation disadvantaged persons who utilize said service. ATAC, like the Roundtable group is comprised of numerous advocacy groups and several social service agencies listed below:

- Centro;
- SMTC;
- Onondaga County Department of Aging & Youth;
- OCM-Boces;
- ARC of Onondaga;
- CNY Works;
- Arise;

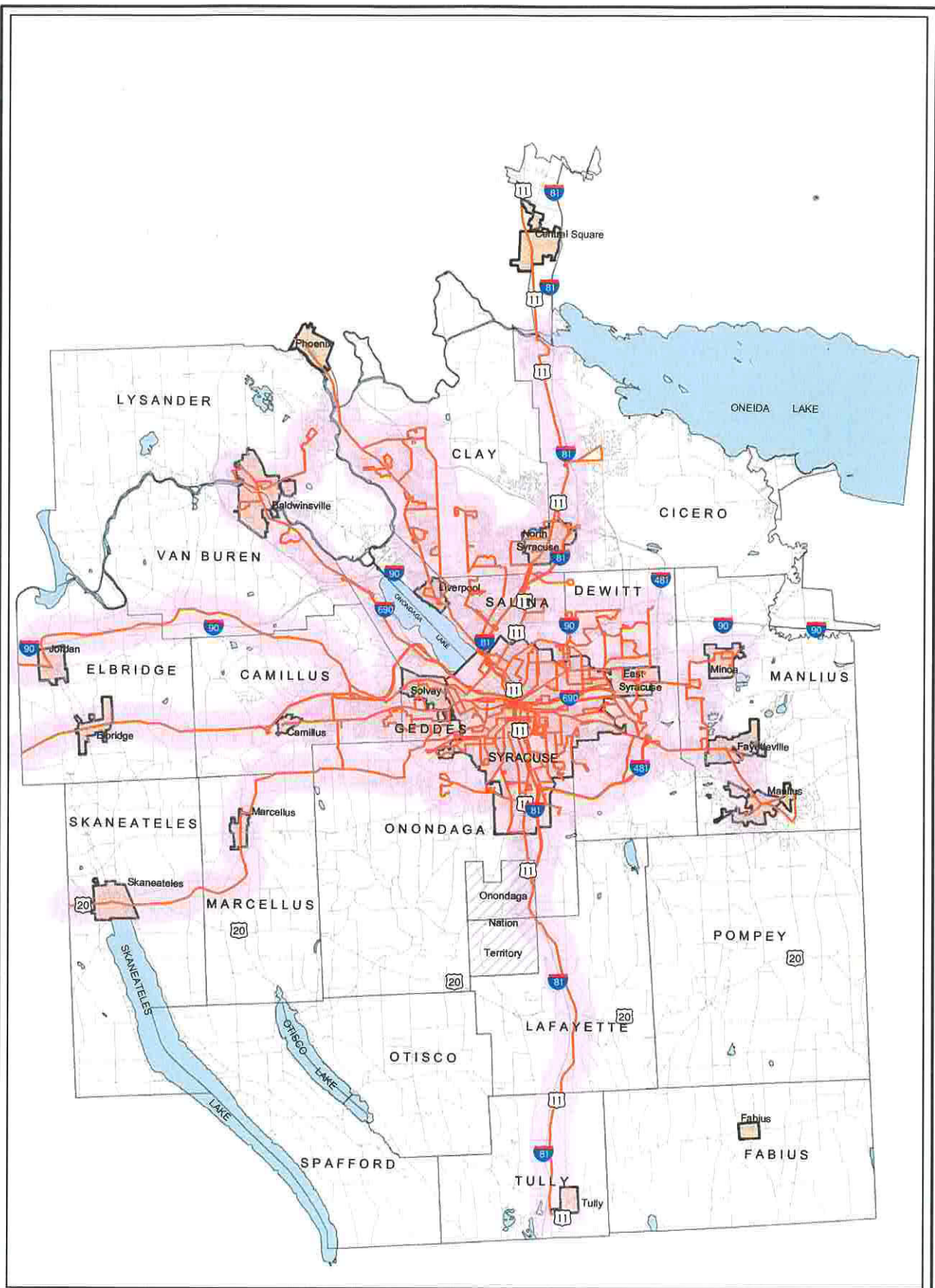
¹ According to the Arise website, www.ariseinc.org, Arise offers advocacy and support services to people of all ages with all types of disabilities. Similarly, Aurora of Central New York (www.auroraofcny.org) seeks to promote independence and opportunity for Central New Yorkers of all ages by serving people who are blind or visually impaired, Deaf or hard-of-hearing, as well as people who are late deafened and Deafblind.

- Aurora;
- Enable;
- PTAC (Public Transportation Advisory Committee); and
- Consumers of transportation services.

The third community group was developed by the Onondaga County Department of Aging & Youth (United We Ride...Onondaga County) as part of a grant from the National Center on Senior Transportation (NCST). The Department was one of five communities selected throughout the country to receive NCST technical assistance to create, re-energize, or maintain senior transportation coalitions. The group has met several times since its inception in 2007 and continues to meet on an as needed basis. Work products relative to the group can be found in the appendices.

Centro, a subsidiary of CNYRTA operates the public transit system for Onondaga and adjacent counties. Centro operates fixed route transit systems including over 100 designated routes throughout the region. Maps 7 and 8 display the current fixed route service provided by Centro in the MPA and the City of Syracuse. Many of these routes converge at a transit hub located in downtown Syracuse. From this hub, the routes diverge into various directions to serve localities throughout the region. Other routes provide service across towns or circulate through the suburbs without passing into Syracuse. Additionally, locations such as the region's many shopping centers, the Regional Transportation Center, and other outlying centers of activity serve as convergence points for transit routes. In addition to the fixed route transit service, Centro operates demand responsive Call-A-Bus paratransit service to provide transportation options to the elderly and disabled who meet the criteria of the Americans with Disabilities Act (ADA). The ADA requires Call-A-Bus to serve the same area and operate during the same hours and days as Centro bus routes. Call-A-Bus service will travel up to three-quarters of a mile on either side of the Centro bus routes. Service is not offered beyond this area. Additionally, Centro operates a senior transportation service in conjunction with the Call-A-Bus program and funded by the Onondaga County Department of Aging & Youth. This grant funding allows coordinated rides to be provided to enrolled people age 60 and above, Monday through Friday, between 7am and 7pm. Riders are served using the same vehicles as Call-A-Bus thus maximizing vehicle capacity. Trips are limited to 2 to 4 round trips per month per enrollee, and based upon the level of grant funding available.

Although several private and public services are offered in the area via Centro and other transportation providers, according to public input and information derived from various meetings and discussions, certain inefficiencies are prevalent for the socio-economic populations included in this Coordinated Plan. These service gaps are described in further detail in the following section.



100 Clinton Square
126 North Salina St. Suite 100
Syracuse, NY 13202
(315) 422-5716
Fax: (315) 422-7753
www.smtcmpo.org

0 1.25 2.5 5 Miles

Base map Copyrighted by NYSDOT
Data Sources: SMTC, NYSDOT, 2001
CNYRTA
Prepared by SMTC, 11/2008

Transit Routes

SMTC MPA

Map 7

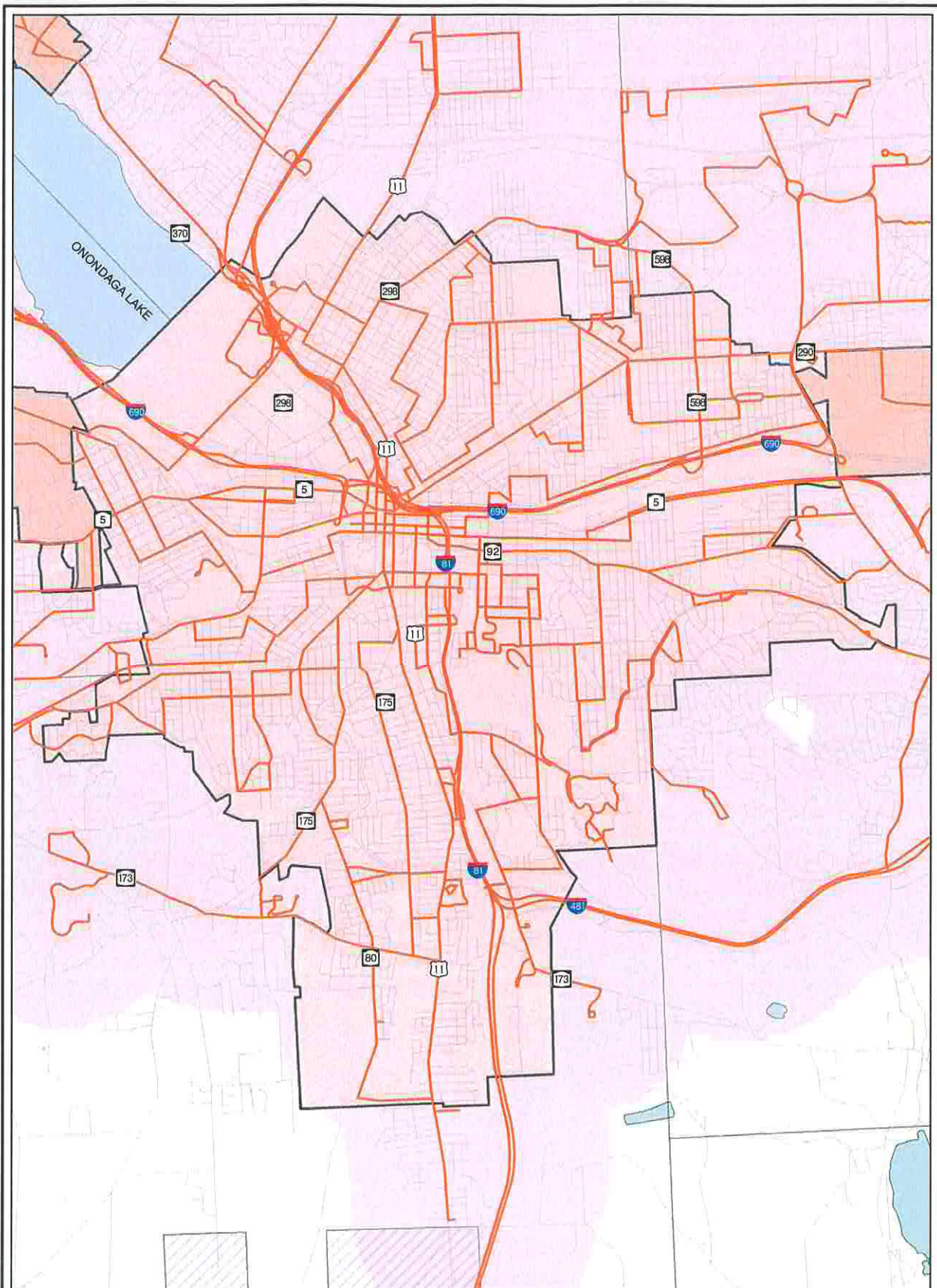
Coordinated Plan

This map is for presentation purposes only.

The SMTC does not guarantee the accuracy or completeness of this map.



- Towns
- City
- Villages
- Onondaga Nation
- Water
- Roads
- Transit Routes
- 3/4 Mile Buffer



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0 0.3 0.6 1.2 Miles

Base map Copyrighted by NYSDOT
Data Source: SMTC, NYSDOT, 2001
CNYRTA
Prepared by SMTC, 11/2008

Transit Routes

City of Syracuse

Map 8

Coordinated Plan

This map is for presentation purposes only.

The SMTC does not guarantee the accuracy or completeness of this map.



- Towns
- City
- Villages
- Onondaga Nation
- Water
- Roads
- Transit Routes
- 3/4 Mile Buffer

Section 3: Analysis

This section covers analyses from two surveys. The first survey was conducted by the SMTC in 2008, while the second was conducted by the Onondaga County Department of Aging & Youth, in concert with Syracuse University's Maxwell School in 2002.

SMTC Transportation Services Questionnaire

In 2008, the SMTC created a transportation services questionnaire designed to ascertain the conditions and needs of the local human service agencies, transportation agencies, and governments involved in transportation. This survey can be seen in full in Appendix E. Of the one-hundred organizations queried, the SMTC received twenty-nine responses. While a 29% response rate does not reflect the entire population of agencies, it does provide the SMTC with enough feedback to run preliminary analyses. It should also be noted that there was a healthy mix of public, private and not-for-profit organizations responding, so the responses are not expected to be largely biased toward any one type of human service transportation provider.

Geographic Gaps

Most agencies (80%) responded that they served the Onondaga County area and beyond, while only 20% indicated that they service only within the City of Syracuse or another sub-county delineation. However, the SMTC survey also gathered many comments regarding inadequate service in the following areas:

- Outside of the ¾ mile paratransit service offered by Centro;
- The rural Baldwinsville area;
- Skaneateles and LaFayette areas;
- Several locations in the Town of DeWitt;
- Southern Onondaga County; and
- Other rural townships (i.e., Jordan, Elbridge and Marcellus).

Service Gaps

Exclusivity of use was another barrier identified by the transportation services questionnaire. This is more broadly stated as a gap in the type of service provided. While the type of use desired was not specified, the survey did return information regarding the types of services currently provided:

- Health/Medical trips rated the most common service by a large margin.
- Shopping, social services (such as adult daycare) and recreation were three other services provided by over half the respondents.
- Social and employment trips were the least often provided services.

Exclusivity of use can also be interpreted as the inability for certain demographic populations to take advantage of transportation services. In this, the transportation services questionnaire yielded the following information:

- Half of the respondents indicated that the general public was able to use their services
- 45% of respondents target individuals with disabilities
- 59% of respondents target the elderly
- Of the respondents that service low income communities, 200% below the federal poverty line is the standard threshold for consideration of services.

Fixed-route bus service is also available in much of the SMTC planning area. Only one agency indicated that bus service was unavailable to the clients of his/her agency. When asked if their clientele actually use fix-route services, only 31% of agencies responded in the affirmative. Twenty two percent of agencies denoted that their clients do not use fix-route bus service at all, and 24% were unsure. In short, while the fixed-route bus system is available, it is not widely utilized by clients of human service agencies.

Barriers of Costs

The major barrier identified from the transportation services questionnaire was cost. This cost barrier took two forms: costs to clients and costs to agencies. Costs to clients are the fares that individuals must pay to use the transportation service. Money for bus tickets and taxi services can add up quickly if one is on a fixed or low-income budget. However, two-thirds of the survey respondents do not charge their clients at all. Instead, costs are covered through volunteer drivers or agencies providing free tickets to their clientele.

Unfortunately, cost savings for a client often create extra costs for an agency. One agency spends \$20,000 a year to provide bus passes to its clients. Over half of the agencies responding indicated that they use volunteer drivers. One survey noted a lack in staff availability. Coordinating volunteers takes large amounts of time and effort for agency staff. It should also be noted that during the summer of 2008 during which the survey was conducted, gas prices escalated. Agencies were having a difficult time obtaining volunteers to drive. Agencies were also going over budget on their fuel allocations.

Lack of Vehicles

The lack of vehicle availability was also noted as a barrier for some individuals. However, the SMTC's transportation services questionnaire actually indicates this is more a perception of scarcity than an actual lack. Not only are there many vehicles in operation around the SMTC planning area, but many of these vehicles have empty seats.

During the peak hours, the total number of vehicles in operation is 389. While this is a high number, the reality is likely higher as only 29% of identified human services or transportation agencies responded to this survey. Of those in operation, 245 vehicles were said to have seats available. This indicates there are, at a minimum, 245 empty seats. This is only a minimum because it assumes only one empty seat per vehicle and it only covers the 29% of agencies. The real number of empty seats is likely much higher. During off peak hours, survey respondents indicated that there are roughly 65 vehicles in operation. Using a baseline assumption similar to the peak hour model, there are at least 32 seats estimated to be free for use during this time.

When vehicles are not being used to transport riders, 62% of respondents indicated that the vehicles were not being used for other purposes. In total, by taking the difference of peak and off-peak vehicles, the survey indicates that there are 293 unused vehicles during off peak hours.

The numbers above show an abundance of vehicles and open seats during all times. It also indicates a shortage of unused vehicles during off peak times that could be utilized with some creative coordination.

Lack of Coordination

The last and likely largest barrier indicated by the transportation services questionnaire is an issue with coordination. When listing barriers, survey respondents indicated that they would like to see a county-coordinated centralized dispatch center. Multiple responses also indicated that many agencies are not willing to cost share. The survey results confirm this position.

Nearly half of the respondents specified that they do not provide or receive services from another agency. Currently, only 17% of respondents receive assistance from other agencies, though 47% indicated that they are interested in receiving assistance. This shows a large gap in need brought about by a lack of coordination. However, despite a desire to coordinate in the abstract, only 41% indicated that they would be willing to jointly purchase and share vehicles. Some possible barriers preventing this shared ownership are issues regarding liability and insurance.

One additional area of poor coordination is with regard to human resources: staff and volunteers. Since volunteer driver programs were the highest ranked service provided, one can conclude that the coordination of the volunteer drivers is being done individually by many agencies, potentially losing economies of scale through a greater coordination. This also has a cumulative effect of the efficiency of agency staff, shown by one survey respondent indicating issues with staff availability.

The following agencies indicated that they are willing to provide services to others. Of those agencies listed below, most are already coordinating but are willing to expand their coordination efforts. Agencies are listed by the type of service they are willing to provide.

Fixed Route, Fixed Schedule Services

St. Camillus Health & Rehabilitation Center
A&E Transportation Services*
Empire DM, Inc.
CNYRTA Fixed Route Transit
Mark's Transportation

Volunteer Drivers

Baldwinsville Volunteer Center Inc.

Demand Responsive Services

Bellavia Transportation
St. Camillus Health & Rehabilitation Center
Adam's Apple Services
Liberty Resources
Minoa First United Methodist Church
Empire DM, Inc.
Blue Chip Transportation*
Centro Call-a-Bus
Mark's Transportation

* Indicates that the agency does not currently coordinate services.

Conversely, the following agencies indicated that they are willing to receive assistance from other agencies. Of these agencies, nearly half are not currently receiving assistance, but are interested in potential partnerships.

Fixed Route, Fixed Schedule Services

Baldwinsville Volunteer Center Inc.*
Vera House*
Syracuse Model Neighborhood Facility, Inc.*
Blue Chip Transportation*
Mark's Transportation

Volunteer Drivers

PEACE Inc.*
Aurora of Central New York*
Baldwinsville Volunteer Center Inc.*
Vera House*
Minoa First United Methodist
Women's Opportunity Center

Demand Responsive Services

Canton Woods*
Bellavia Transportation
Adam's Apple Services
Liberty Resources
Northeast Community Center
Baldwinsville Volunteer Center Inc.*
Vera House*
Women's Opportunity Center
Mark's Transportation

Note: OC Dept Aging & Youth willing to assist with overall coordination efforts.

* Indicates that the agency does not currently coordinate services.

Finally, the few agencies that indicated that they are willing to jointly purchase and use vehicles are:

Liberty Resources
Northeast Community Center
Vera House

Minoa First United Methodist Church
Empire DM, Inc.
ARISE Center for Independent Living

Department of Aging and Youth Survey

In 2002, the Onondaga County Department of Aging & Youth, in collaboration with Syracuse University's Maxwell School of Citizenship and Public Affairs, implemented a statistically valid survey to ascertain transportation needs of seniors in Onondaga County. Nine (9) municipalities in Onondaga County participated in the survey: City of Syracuse, Camillus, Fabius, Geddes, Manlius, Marcellus, Onondaga, Salina and Van Buren. Results from the survey specific to transportation services and needs are noted below.

- 77% of seniors in Onondaga County are currently driving themselves or relying on family or friends for transportation;
- 36% of Onondaga County senior experience problems with their current mode of transportation;
- 10% of the 36% of seniors who are having difficulty with their current system of transportation are missing their medical appointments;
- 35% predict a future problem with their current mode of transportation; and
- Driving oneself or riding with family or friends are the preferred modes of transportation for seniors in Onondaga County (aside from these transportation options, 38% report that their preferred mode of transportation is with a volunteer driver and 31% have no preference).²

An update to this senior survey is scheduled for completion in 2009 as part of the United We Ride...Onondaga County coalition. Results from the survey will be added to the Coordinated Plan once complete.

Based on responses to the SMTC transportation services questionnaire and the Aging & Youth elderly survey, improved and enhanced services would directly benefit the mobility options of the three eligible populations identified in this Coordinated Plan. These recommendations are listed in the following section.

² Transportation: Is it really a problem? Survey of elderly transportation needs in Onondaga County. Onondaga County Department of Aging & Youth, 2003, pg. 4.

Section 4: Recommendations

The recommendations noted below are provided to improve and/or enhance transportation services offered by various providers and to reduce duplication of services that currently exist throughout the community. These activities and strategies are representative examples focused on improving collaboration and coordination between agencies and providers. This list is not an exhaustive categorization of service improvements.

4.1 ReMAP and JARC Recommendations

Recommendations from the ReMAP and JARC documents were reviewed for relevancy and inclusion within this updated Coordinated Plan. Several recommendations from these documents are applicable and should be considered for implementation. This itemized listing is included in the appendices.

4.2 New Recommendations

Utilizing information received from the Coordinated Plan SAC and public outreach, the following strategies should be considered for implementation. These activities are further classified according to project type (i.e., capital, operating or technology).

Capital

- Bus/van service available to low-income persons for work, medical or social appointments;
- Accessible taxi/van service to persons with disabilities;
- A Mobility Management Center for scheduling and dispatching of various transportation trips;
- Joint procurement (vehicles, fuel, services, etc.) (green vehicles should be considered);
- Diversify and expand funding sources by partnering or contracting vehicles and transportation services through an existing transit operator;
- Purchase transportation trips in volume from vendors;
- Transit amenities that enhance rider experience and play an important role in attracting and keeping riders (i.e. storage racks, security cameras, etc.);
- Travel Training; and
- Sharing of vehicles.

Operating

- Maintenance and/or fuel consortiums;
- Expand hours of transportation services for persons with disabilities, low-income individuals, and the elderly;
- Shift agency trips to the regular Transit Route Systems, which operate on fixed-schedules along specific routes with vehicles stopping to pick up and deliver passengers to specific locations;
- Expand paratransit service beyond the required ADA ¼ mile limit;
- Increased transit service to medical facilities, employment centers and social activities for both paratransit and fixed route service;
- Consider expanding transit service areas to connecting neighboring communities if requested by a municipality;
- Extension of existing service routes to targeted residential or employment centers where new or growing employment and residential markets exist;
- Support bus feeder-routes, which are routes that connect to the regular transit route systems that operate on specific routes;
- Group agency trips to reduce duplication of transportation services.

Technology Related

- Create one central location users can access, including the web or phone, to get information, obtain schedules, and/or make reservations with area transportation providers;
- Using technologies, such as Geographic Information Systems (GIS) and Intelligent Transportation Systems (ITS), to enhance and expedite the coordination of transportation operations, management of information, and customer service;
- Install automatic Vehicle Location (AVL) tracking systems on buses to obtain the real time location of vehicles for the purpose of scheduling transportation trips.

Section 5: Conclusions

All recommendations contained within this Coordinated Plan, and those not explicitly listed, are considered priority projects for the SMTC MPA. FTA has stated that projects do not have to be explicitly contained in the Coordinated Plan for potential sponsors to implement. FTA guidance documents for the three core formula programs discussed in this document contain several example type projects that can be considered for implementation. Therefore, no one effort will be given priority over another, as the intent is to improve accessibility and mobility options for the transportation disadvantaged populations discussed throughout this document so long as sponsors verify that coordination and collaboration will be achieved and utilized. Updates will occur to this Coordinated Plan as necessary.

